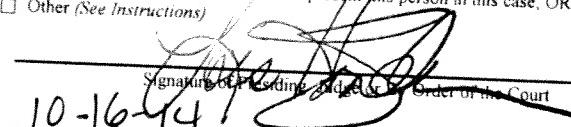


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)																					
1. CIR. DIST./DIV. CODE <b>NJX TR</b>	2. PERSON REPRESENTED <b>Laurie A. Matthews</b>		VOUCHER NUMBER																		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>14-4518</b>	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																		
7. IN CASE/MATTER OF (Case Name) <b>USA v. Cadet</b>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions)																		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense <b>21:846 Conspiracy to Distribute Controlled Substance</b>																					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <b>Joshua Markowitz Markowitz O'Donnell 3131 Princeton Pike #200 Lawrenceville, NJ 08648 609 Telephone Number 896-2460</b>			13. COURT ORDER <input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney  Prior Attorney's _____ Appointment Dates: _____  <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)   Signature of Presiding Judge or Clerk Order of the Court <b>10-1644</b> Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) <b>Same as above</b>																					
CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY																	
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT																
15. In Court		<table border="1"> <tr><td>a. Arraignment and/or Plea</td><td></td></tr> <tr><td>b. Bail and Detention Hearings</td><td></td></tr> <tr><td>c. Motion Hearings</td><td></td></tr> <tr><td>d. Trial</td><td></td></tr> <tr><td>e. Sentencing Hearings</td><td></td></tr> <tr><td>f. Revocation Hearings</td><td></td></tr> <tr><td>g. Appeals Court</td><td></td></tr> <tr><td>h. Other (Specify on additional sheets)</td><td></td></tr> </table>				a. Arraignment and/or Plea		b. Bail and Detention Hearings		c. Motion Hearings		d. Trial		e. Sentencing Hearings		f. Revocation Hearings		g. Appeals Court		h. Other (Specify on additional sheets)	
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<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>																					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number			<input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____																		
APPROVED FOR PAYMENT — COURT USE ONLY																					
23. IN COURT COMP	24. OUT OF COURT COMP	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT APPR./CERT																	
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE																	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT APPROVED																	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																	